DOCUMENT RESUME

ED 060 492 CG 007 131

AUTHOR	Smith, Philip A.
TITLE	Evaluating Mental Health Consultation: Problems in Research Appraisal.
INSTITUTION	San Fernando Valley State Coll., Northridge, Calif.
PUB DATE	19 Apr 71
NOTE	13p.; Paper presented at Western Psychological Association, San Francisco, California, April 19, 1971
EDRS PRICE	MF-$0.65 HC-$3.29
DESCRIPTORS	Community Agencies (Public); Consultants; *Consultation Programs; *Evaluation; *Followup Studies; *Mental Health; Objectives; Research Problems

ABSTRACT

Most programs of mental health consultation are offered without systematic plans for follow up evaluation. Controlled experimental procedures for assessing consultation are difficult to apply in most field settings, and alternate approaches to evaluation are needed. Eight problems which are commonly encountered when undertaking objective study of the consultation process are described, and the critical incident technique is suggested as a useful post hoc assessment tool in situations where experimental controls are lacking. (Author)

ED 060492

CG 007 131

U.S. DEPARTMENT OF HEALTH,
EDUCATION & WELFARE
OFFICE OF EDUCATION
THIS DOCUMENT HAS BEEH REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL OFFICE OF EDUCATION POSITION OR POLICY

EVALUATING MENTAL HEALTH CONSULTATION: PROBLEMS IN RESEARCH APPRAISAL

Philip A. Smith
San Fernando Valley State College
Northridge, California

Abstract

Most programs of mental health consultation are offered without systematic plans for follow up evaluation. Controlled experimental procedures for assessing consultation outcome are difficult to apply in most field settings, and alternate approaches to evaluation are needed. Eight problems which are commonly encountered when undertaking objective study of the consultation process are described, and the critical incident technique is suggested as a useful post-hoc assessment tool in situations where experimental controls are lacking.

CG 007 131

EVALUATING MENTAL HEALTH CONSULTATION: PROBLEMS IN RESEARCH APPRAISAL*

Philip A. Smith
San Fernando Valley State College
Northridge, California

In recent years the literature on community consultation has dealt heavily with emerging, innovative approaches to the delivery of mental health services in schools and related community settings.[2,3,4,6,7] There now is growing awareness of the need for better evaluation of various methods of health service delivery.[1,8,9,12] Funding sources, professional groups, and a more sophisticated general public have increased their demands for evaluation,[18] and some writers suggest that community mental health can no longer be sustained without clear demonstration of success as measured by objective criteria.[1]

May[13], Ring and Yudin[15], Osterweil[14] and others [17,18] have outlined some of the difficulties faced by the researcher in this field. Because of the complexities of undertaking

---

*This paper is based on a report entitled "Evaluating School Consultation: Problems in Objective Appraisal," presented as a part of the symposium, Problems in School Consultation, at the Western Psychological Association, San Francisco, California, April 1971.

evaluational studies, many mental health consultants operate without objective feedback about their own performance. As a result, highly individualized styles of consultation tend to develop, ineffective methods of consultation persist, and failures of consultation may be blamed on the consultee agency rather than on the consultative approach. Funding for some consultation programs is also placed in jeopardy when program effectiveness cannot be demonstrated. The need for evaluational studies is thus clear, but there are many problems which interfere with carrying out objective research in the field. This paper describes eight problems which are commonly encountered and outlines an approach which circumvents many of them. The examples discussed are drawn from consultation in school settings.

1. <u>The problem of the contract and definition of goals</u>. Many consultants to schools and related community groups begin their work without any formal contractual arrangements which specify the objectives and aims of consultation. An exception to this is the independent school consultant who offers services for a fee. Commonly, however, mental health consultation is provided without fee through a community agency or as part of a state or federal program which underwrites services to schools. In some cases consultation is

provided by one arm or branch of the school system to another, again without specific fee arrangements. Contractual arrangements are implicit rather than explicit, general rather than specific, and diffuse rather than well focused, tightly stated and specific.

If the goals are poorly defined at the outset, their definition is somewhat sharpened a year later. The consultant may ask himself why he has been unable to achieve changes he had hoped for or the school staff may wonder why the consultant has failed to produce some of the things they had expected. Then, if not before, consultant and consultee should meet for specification of goals and objectives which they can mutually support.

2. Shifting goals. A second problem is that of changing goals. Even when explicitly formulated at the outset, the aims and processes of consultation tend to change as the relationship develops. A school may find itself asking very different things of its consultant after it has had experience with him for a year or two. In fact, some consultants view a change in their relationship and a shift of consulting aims as earmarks of successful consultation. Nevertheless, both of these problems so far mentioned -- failure to state goals and objectives at the start of consultation, and the tendency

for aims and goals to shift as consultation proceeds -- make evaluation of the consultation process a difficult matter. How can one name, count, and measure variables that aren't well specified to begin with and which change as they go along?

3. 'Internal' versus 'external' change. A third problem is that of finding observable behavioral measures for assessing change which takes place within the consultee. Such internal changes as improved morale, reduced anxiety, more appropriate self-evaluation and the like are often sought through consultation, rather than readily observable changes which are more easily measured. In this respect, evaluation of the mental health consultation process presents all the problems of personality assessment or evaluation of psychotherapy. Many consultants, like many therapists, proceed on faith rather than on any objective evidence of their own effectiveness.

4. Environmental impact. Changes which occur in the environment may have an impact that overrides any "experimental effect" of the consultant. The Los Angeles teacher strike is an example of an environmental variable which had massive impact on teacher morale, team work and educational achievement. It was difficult to judge the effectiveness of consultation in

the schools -- or indeed the effectiveness of any program change which was introduced in Los Angeles city schools during 1970 -- because of the overriding effects of the strike. This is a problem which social psychologists have long faced in their field studies of changes which occur over a period of time during which uncontrolled environmental variation may take place.

5. Delayed action, triggering, or "ripple" effects. The effects of consultation may be cumulative, or trigger indirect changes which are noted considerably after consultation is introduced. Does one measure the initial "splash" of consultation or the ripples which move across the system over a period of time? For example, the growth which a consultant may help an administrator to achieve can lead to changing relationships between administrator and teacher, and these effects may in turn be felt by the students as teacher performance in the classroom changes. What does one measure: Changes in the administrator, the effects which these create on teacher attitudes, changes in classroom climate which may occur, or perhaps ultimately the reduction of behavioral disturbances by students in the school? Does one measure the immediate effects or the delayed ones? The problem of evaluating consultation effectiveness is thus compounded by the possibility that maximum change may occur well after the consultant has left the system.

6. Baseline measures or the "entry" problem. If pre- and post- measures of change due to consultation are desired, initial baseline measure must be made at the time of entry, i.e. the outset of consultation. However, the consultant ordinarily does not enter a system with sufficient acceptance to permit him to measure such variables as teacher attitudes, student morale, classroom climate or administrative style, much as he might wish. After one or two years of consultation the system may permit assessment of these variables. However, if the system was unwilling to permit baseline measures to be taken at the start of consultation, how can change be assessed? It is important to find a way of measuring change after-the-fact where the entry problem makes acquisition of baseline data impossible.

7. Hawthorne effect. When measurable changes do occur, are they the result of the consultant's particular approach, or is it simply that change occurs as a result of system awareness that someone new is present and is trying to make conditions better? Until we find accurate ways to characterize different consultation styles and procedures and until we are able to specify and measure changes in our end variables, we will not be able to answer this question.

8. Paradoxical change. If we are not careful in thinking through what it is we are measuring, we may find paradoxical increases in behavior base rates which at first seem to indicate unfavorable changes in a system.[11] For example, the number of children added to group counseling, the number of referrals for behavior problems, or the number of classroom crisis which are brought to attention may be a result of better case finding and greater willingness by teachers to deal with problem behaviors which had previously been kept covert.

In the light of these many problems, what tools do we have at our disposal which may be used in the evaluation process? I faced this question a year ago when as a member of a mental health consultation evaluation team I undertook the pilot evaluation of a fellow consultant who had provided services to a junior high school in the Los Angeles area. Various members of the team suggested variables which should be measured and I constructed a short questionnaire[16] to serve as an interview guide in discussions with school staff about critical incidents which had occurred during the consultation period. The school had had three consultants over a two-year period and no initial baseline measures had been taken. Yet by examining critical incidents in several areas -- student behavior, teacher behavior, and administrative behavior -- it became possible to characterize the nature of consultation which had been offered,

the degree of acceptance by school staff of each of the three consultants, and the types of changes which were occurring as a result of consultation.[16]

The critical incident technique lends itself readily to the field of mental health consultation. Originally utilized to gather research data in situations where experimental studies could not be arranged (for example, Fitts and Jones study of the causes for aircraft instrument failures and near-fatal air accidents),[10] the technique calls for asking persons involved in critical incidents to describe the circumstances fully, recount their actions, and identify any causative variables they can. The assumption underlying the method is that from a large number of incidents the investigator can discover variables which are critical, i.e., which have led to success or failure.[5]

Although consultees had difficulty describing incidents which they felt were "critical," they were rather easily able to describe occurrences which were "typical" or "illustrative" (both somewhat softer terms). These incidents tend to be the grist of the consultant's mill and offer rather sharp insight into his activities and how they are received by consultee.

The process of reviewing the effectiveness of consultation and discussing critical incidents which had occurred was also helpful to school staff in thinking back over their pattern of utilizing consultation, and thinking ahead to ways of strengthening their use of this resource. The value of consultation

becomes more apparent when its metamorphosis over a period of years is viewed. It was possible even to make rough estimates of dollar savings which had been brought about.

A thumbnail history of consultation can also be obtained with the help of a structured interview and discussion of critical incidents. When a new consultant enters a setting in which consultation services have been previously provided, it should prove helpful for him to review the approaches, successes, and failures of his predecessors. Latent needs and untapped areas of service become quickly apparent and an indication is gained of who the consultant's active supporters will be.

The importance of establishing the contract in consultation is stressed in the literature[4] but often overlooked in practice. A review of prior consultation, its goals, objectives and shortcomings, helps a school staff discover what additional variables they may wish to examine, alter, or attack, and permits them much more meaningfully to establish a contract which outlines the goals and objectives of consultation in specifiable behavioral terms.

Summary.

Researchers face a number of problems in evaluating the effects of mental health consultation. All the classic problems of action research taking place in a field setting where

multiple events contribute to outcome characterize the evaluation problem. The goals of consultation tend to be implicit rather than explicit and behaviorally stated, or are diffuse and general rather than specific. Even when well formulated initially, goals change as a result of time and the consultation process. Unexpected environmental changes such as a teacher strike may override any experimental effect of consultation. Consultation may have a ripple effect which extends beyond the actual period when consultation is provided and which may bring about changes in the system considerably downstream. The measurements that one may wish to make in a system can sometimes be approached only after it has been softened up by consultation. Finally, paradoxical change is sometimes noted as a result of better case finding, leading to the apparent results that behavior problems have increased rather than decreased as a result of consultation. The critical incident technique is suggested as a useful post-hoc evaluational tool. In addition to serving as an evaluative device it permits a refocusing of objectives by both consultant and consultee on their future contract.

References

1. Berger, D. and Gardner, E. Use of community surveys in mental health planning. American Journal of Public Health. 1971, 61, p. 110-118.

2. Berlin, I. Training in community psychiatry: its relation to clinical psychiatry. Community Mental Health Journal. 1965, 1, p. 357-360.

3. Caplan, G. Principles of Preventive Psychiatry. New York: Basic Books, 1964.

4. Caplan, G. Theory and Practice of Mental Health Consultation. New York: Basic Books, 1970.

5. Chapanis, A. Research Techniques in Human Engineering. Baltimore: John Hopkins Press, 1959.

6. Cohen, L. Strategies and logistics in mental health research. In Bennett, C.C., et al (Eds.) Community Psychology: a report of the Boston Conference on the Education of Psychologists for Community Mental Health. Boston: Boston University Press, 1966, P. 65-79.

7. Cowen, E., Gardner, E. and Zax, M. Emergent Approaches to Mental Health Problems. New York: Appleton-Century-Crofts, 1967.

8. Cowen, E., Izzo, L., Miles, H., Telschow, E., Trost, M. and Zax, M. A preventive mental health program in the school setting: description and evaluation. Journal of Psychology. 1963, 56, p. 307-356.

9. Cutler, R. A research evaluation of an action approach to school mental health. American Journal of Orthopsychiatry. 1961, 31, p. 339-346.

10. Fitts, P. and Jones, R. Analysis of factors contributing to 460 "pilot error" experiences in operating aircraft controls. Air Force AMC Aero Medical Laboratory, WPAFB, Report TSEAA-694-12. July 1947.

11. Hirschowitz, R. Mental health consultation to schools. Mental Hygiene. 1971, 55, p. 237-241.

12. Iscoe, I., Pierce-Jones, J., Friedman, S. and McGehearty, L. Some strategies in mental health consultation: a brief description of a project and some preliminary results. (in) Cowen, E., Gardner, E. and Zax, M. (Eds.) Emergent Approaches to Mental Health Problems. New York: Appleton-Century-Crofts, 1967, p. 307-330.

13. May, P. Cost-efficiency of mental health delivery systems. 1. A review of the literature on hospital care. American Journal of Public Health. 1970, 60, p. 2060-2067.

14. Osterweil, J. Evaluation: A keystone of comprehensive health planning. Community Mental Health Journal. 1969, 5, p. 121-128.

15. Ring, S. and Yudin, L. Urban problems and the community mental health center: multiple mandates, difficult choices. 8. Research and evaluation. American Journal of Ortho-psychiatry. 1970, 40, p. 271-272.

16. Smith, P. Mental health consultation in school settings: An approach to evaluation. Northridge, California: San Fernando Valley State College, 1970. (mimeo)

17. Smith, P. et al. Research training for school psychologists: What place in the graduate curriculum? Symposium presented at National Association of School Psychologists, San Francisco, March 1971.

18. Tripodi, T., Epstein, I. and MacMurray, C. Dilemmas in evaluation: Implications for administrators of social action programs. American Journal of Orthopsychiatry. 1970, 40, p. 850-857.